

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768696

FILED  
Mar 28, 2008  
Secretary of State

**Entity Name:** FRUIT COVE BAPTIST CHURCH OF JACKSONVILLE, FLORIDA, INC.

**Current Principal Place of Business:**

501 STATE RD.13  
JACKSONVILLE, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

501 STATE RD.13  
JACKSONVILLE, FL 32259

**New Mailing Address:**

**FEI Number:** 59-2294252

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MAYNARD TIMOTHY DR  
501 STATE RD 13  
JACKSONVILLE, FL 32259 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MAYNARD, TIMOTHY  
Address: 2417 HAWKCREST DRIVE EAST  
City-St-Zip: JACKSONVILLE, FL 32259

Title: TD ( ) Delete  
Name: BAGNARDI, SHEL  
Address: 1025 BUCKBEAN BRANCH  
City-St-Zip: JACKSONVILLE, FL 32259

Title: SD ( ) Delete  
Name: VAN ZANT, BRENDA  
Address: 320 STONEHURST PARKWAY  
City-St-Zip: ST AUGUSTINE, FL 32092

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY MAYNARD

PD

03/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date